MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

		FUR US.				
	AS F	ILED	AFT	ER NDMENT	AF	TER
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\mathcal{T}					
2		1				
3		1				
4		1				
5		1				
6		1				
7						
8		1				
9		1				
10		1				
11		1				
12		1				
13						
14						
15		7			-	_
16		4				
17		7/		٠		
18		\overline{u}				
19		7				
20						
21	$\neg \neg$					
22						
23				-		
24						
25	-					
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50			ļ			
TOTAL	-,- -		ļ			
IND.] [
TOTAL DEP.	24	~		-		-

STAN-BE USED FOR ADDITIONAL CLAIM

DMENTS U.S. DEPARTMENT of COMME